



05-07 15:19 FROM-ZPS Group, SC

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T-662 P001/002 F-683

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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27061

7590

04/08/2009

ZIOLKOWSKI PATENT SOLUTIONS GROUP, SC (GEMS)  
136 S WISCONSIN ST  
PORT WASHINGTON, WI 53074

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Robyn L. Templin (Depositor's name)  
Robyn L. Templin (Signature)  
5/7/09 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/682,685	10/05/2001	Thomas R.F. Foo	GEMS8081.152	8976

TITLE OF INVENTION: EFFICIENT MULTI-SLICE ACQUISITION WITH BLACK BLOOD CONTRAST IN FAST SPIN ECHO IMAGING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/08/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS	03/08/2009 RHEBRAHI 00000012 070845 09682685			
SMITH, RUTH S	3737	600-410000	01 PL:1501 02 PL:1504	1510.00 DA 309.00 DA		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Ziolkowski Patent  
Solutions Group, SC  
2  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

General Electric Company  
Mount Sinai Medical Center

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Schenectady, NY  
New York, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Timothy J. Ziolkowski*

Date

5/7/09

Typed or printed name

Timothy J. Ziolkowski

Registration No.

38,368

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